

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-005245  
STATE FILE NUMBER

Filed <sup>360</sup> JAN 23 1962 Primary Registration District No. 6225 Registrar's No. 5

AMENDED

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington Township</b>		Length of stay in 1b. <b>1-yr-11-mo-25-da</b>	c. CITY OR TOWN <b>Harrisonville</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital # 3</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>501 East Wall Street</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Frank</b> Middle <b>Everett</b> Last <b>Maxey</b>			4. DATE OF DEATH Month <b>January</b> Day <b>3</b> Year <b>1962</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-28-1881</b>	9. AGE (last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Proprietary Prod.</b>	11. BIRTHPLACE (City and state or country) <b>Hickory Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U,S,A.</b>	
13a. FATHER'S NAME <b>Talton Maxey</b>		13b. MOTHER'S MAIDEN NAME <b>Liza Ann Stevens</b>		14. NAME OF HUSBAND OR WIFE <b>Ora J. Maxey</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <b>Hospital Records</b>		Address <b>Nevada Mo, St. Hospital # 3</b>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchio-pneumonia</b>					INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
DUE TO (b) <b>Generalized Arteriosclerosis</b>					years	
DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I viewed the body <b>1-3-1962</b> to _____ and last saw her/him alive on <b>1-3-62</b> I attended the deceased from _____ Death occurred at <b>9:45 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>Hilda Mungisho M. Sr.</i>		(Degree or title)	22b. ADDRESS <i>State Hosp. Nevada Mo</i>		22c. DATE SIGNED <b>1-3-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>1/3/1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Shelburn Cemetery</b>		23d. LOCATION (City, town, or county) <b>Trenton, Missouri</b>		(State)
24. FUNERAL DIRECTOR <b>Atkinson Dickey Harrisonville, Mo.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>Jan 15-1962</b>	26. REGISTRAR'S SIGNATURE <i>Anna E. Perry</i>		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF  
ITEM NO. SHOULD READ

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Robert W. Antonio

Licensed Embalmer No. 4902

P. O. Address Harrisonville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.